

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595476

FILING DATE

04/21/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			e			
4						
5						
6			e			
7				1		
8			e			
9						
10						
11						
12			e			
13				1		
14			e			
15						
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17						
18			e			
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	1	←		←
TOTAL CLAIMS			4			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						